SUBMIT: COMPLETED APPLICATION, TAX SWATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date: Refund: Permit #: Amount Paid: 250.00 P 2/12/12 E/O

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

Bayfield Co., Zoning Day

~	× _	~				olain)	Other: (explain)		
7.165ap. f	×28)	(12		nt Shellter	ec i Equipmen	Conditional Use: (explain) Tower & Equipment	Condition	×	
	× .)					Special Use: (explain)	Special U		
	x)	^	WHAT AND THE STREET STREET		Iteration (specify)	Accessory Building Addition/Alteration (specify)	Accesson		
	× _	^		A.		Accessory Building (specify)	Accessor		□ Municipal ose
	×					Addition/Alteration (specify)	Addition,		200
	×	_			te)	Mobile Home (manufactured date)	Mobile H		
	× 	^	k food prep facilities)	or cooking &	☐ sleeping quarters, c	Bunkhouse w/ (\square sanitary/ or \square sleeping quarters, or \square cooking & food prep facilities)	Bunkhou		
	× 				age	with Attached Garage			Commercial Use
	×	-			TOTAL	with (2 nd) Deck			
***************************************	×	_				with a Deck			
	× _			NAME AND ADDRESS OF THE PARTY O		with (2 nd) Porch			
	×		**************************************			with a Porch			Residential Use
))					with Loft			
	×				hack, etc.)	e (i.e. cabin, hunting shack, etc.)	Residence		
	×)			Province and control of the control	ture on property)	Principal Structure (first structure on property)	Principal :		
Square Footage	mensions	Dim		e	Proposed Structure			٠,	Proposed Use
	Height:		Width:		Length:				Proposed Construction:
7	Height:		Width:		Length:	r is relevant to it)	ing applied fo	ermit bei	Existing Structure: (if permit being applied for is relevant to it)
						References in the contract of			
		ľ	- 1			- Callagran		1 tobes	***************************************
	itract)	vice contr.	Compost Toillet	None		☐ Foundation	iness on	Run a Business on Property	
on) 	Ited (min 200 gallon)	Vaulte	Privy (Pit) or	2			Relocate (existing bldg)	locate (o ₂₀₂
.	ify Type:) Specify	Sanitary (Exist	3			n	Conversion	225,000 00
] Well	Туре:	Specify Type:	1	1	☐ Year Round		Addition/Alteration	dition/	T
□ City				□ 1	☐ Seasonal	☐ 1-Story	New Construction	ew Cons	
Water	of System ≥rty?	What Type of wer/Sanitary Syste is on the property?	What Type of Sewer/Sanitary System is on the property?	# of bedrooms	Use	# of Stories and/or basement	Project (What are you applying for)	Project it are you app	Value at Time of Completion *include donated time & material
							į		Non-Shoreland
□ Yes X No	□ Yes 火No	7	is from Shorelin	Distance Structure	Pond or Flowage	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage	y/Land withir	Property	▼
Are Wetlands Present?	ls Property in Floodplain Zone?	ř	is from Shorelin	Distance Structure	Stream (incl. Intermittent) If yescontinue —	☐ Is Property/Land within 300 feet of River, Stream (Ind. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	y/Land withir ndward side o	s Propert	•
62 (Fold)	S Acrea	Lot Size	<u> </u>	Drummon	lown of:	N, Range W	Section Section 1	, Township	Section
		Subdivision:	Slock(s) No.	Lot(s) No		Lot Lot(s) CSM	Gov't Lot	1/4	5N 1/1, SE
(5) 107		Volume 4	2000 2000	7-4-04-600-1	200	tatement)	~	Legal Description:	LOCATION Leg
Written Authorization Attached Yes			include Gty/St	- K	Agent Phone: Agent		(Person Signing Application on behalf of Owner(s))	igning Appl	
Phone:	Plumber Phone:			Plumber:	ione:				
Telephone: (715) 580 -0734 Cell Phone:	<u> </u>	5483:	Drummond, NT (Pod City	Mailing Address, Mailin				Enc Allen
OTHER	B.O.A. BOTHER	JSE	☐ CONDITIONAL USE ☐ SPECIAL USE	CONDITIONAL USE	□ PRIVY	USE SANITARY	LAND USE	STED-	TYPE OF PERMIT REQUESTED → □ LAND USE □ S
150 2 Allen 1866 1 DAY 1981	C. 18 Stort Line of the same	Sugar	THE PARTY NUMBER OF TAXABLE PARTY AND PROPERTY.	201 CH 7		THE STREET WHEN THE PARTY OF THE	TOP DESIGNATION	TO HALIST	くらい アイカイ かんかん かんかん かんしょう アイトラ

(If there are Multiple Owners listed on the eed All Owners in ust sign or letter(s) of authorization must accompany this application) FAILURE TO OBTAIN A PERMIT ON STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Authorized Agent: S S

Address to send permit

(If you are signing on n behalf of the owner(s owner(s) a letter of authorization must accompany this application)

Date

Date Wesch 222

plication)

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deep

